| PATENT APPLICATION   | N FEF DETERM  | IINATION DEC   | י אפר   | Application            | n or D                     | ocket Nun                                      | iber                   |     |
|--|---|--|---|------------------------|----------------------------|--|------------------------|-----|
|  | tive January 1, 20  |  |   | 106                    | 46                         | 066  |                        |     |
| CLAIMS A   | (Column 1)  | (Column 2)   | SMALI   | ENTITY                 | OR                         | OTHER  | THAN                   |     |
| TOTAL CLAIMS   | 20  |  | RAT   | E FEE                  | 7                          | RATE   | FEE                    |     |
| FOR .  | NUMBER FILED  | NUMBER EXTRA   | BASIC   | FEE 375.00             | OR                         | BASIC FEE                                      | 750.00                 |     |
| TOTAL CHARGEABLE CLAIMS  | 20 minus 20=  | · K  | XS 9  |                        | OR                         | X\$18=   |                        | l · |
| INDEPENDENT CLAIMS   | 2 minus 3 =   | 0  | X42   |                        | 1                          | V04  |                        | ł   |
| MULTIPLE DEPENDENT CLAIM P   | RESENT  | П  | 1 - ^**   | -                      | OR                         | A04=   |                        | Ī   |
| # If the difference in column 1 in term they never a 1 in term they  |   |  | +140  | <b>s</b> .             | OR                         | +280=  |                        |     |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |  | TOTA  | 4 343                  | OR                         | TOTAL  |                        |     |
| H-PE 2-12-04 (Column 1)  | AMENDED - PAR<br>(Colur   | mn 2) (Column 3  | SMA   | LL ENTITY              | OR                         | OTHER<br>SMALL                                 |                        |     |
| CLAIMS REMAINING AFTER AMENDMENT Total • 22 Independent • 3  | HIGH<br>NUM<br>PREVK<br>PAID  | BER PRESENT<br>DUSLY EXTRA   | RAT   | ADDI-<br>TIONAL<br>FEE |                            | RATE   | ADDI-<br>TIONAL<br>FEE |     |
| Total 22   |   | 26 - 2   | X\$ 9   | - 18.00                | OR                         | X\$18=   |                        |     |
| FIRST PRESENTATION OF M  |   | 3  | X42:  |                        | OR                         | X84=   |                        |     |
| 2.3.05   | OCTIFLE DEPENDENT   | CLAIM  | +140  | =                      | OR                         | +280≃  |                        |     |
| 2.9  |   |  | 101   |                        | -                          | TOTAL  |                        |     |
| (Column 1)   | (Colum  | nn 2) (Column 3  | ADDIT. F  | upd                    |                            | ADDIT. FEE                                     |                        |     |
| CLAIMS REMAINING AFTER AMENDMENT Total Total Independent   | HIGH<br>NUMI<br>PREVIC<br>PAID  | BER PRESENT<br>DUSLY EXTRA   | RATE  | ADDI-                  |                            | RATE   | ADDI-<br>TIONAL<br>FEE |     |
| Total • 28   | Minus - 2   | 2 - 6  | X\$ 9   | • .                    | ОЯ                         | X\$18=   | 108                    | P   |
| FIRST PRESENTATION OF MI   | Minus ***   | 3 3 0  | X42=  | ·                      | OR                         | X84=   |                        | 19  |
| THE THE SECTION OF MA  | OEITE DEPENDENT   | COAM _   | +140:   |                        | OR                         | +280=  |                        |     |
|  |   |  | ADDIT, F  |                        | OR                         | TOTAL  |                        |     |
|  |   |  |   |                        | 3                          | ADDIT. FEE                                     |                        |     |
| 3.16.05 (Column 1)   | (Colum  |  |   |                        | •                          |  |                        |     |
| CLAIMS   | (Colum<br>HIGHI<br>NUME<br>PREVIO<br>PAID I   | EST<br>BER PRESENT<br>BUSLY EXTRA  |   | ADDI-<br>TIONAL        |                            | RATE   | ADDI-<br>TIONAL<br>FFF |     |
| CLAIMS   | HIGH<br>NUME<br>PREVIO  | EST<br>BER PRESENT<br>BUSLY EXTRA  | 1   | ADDI-<br>TIONAL<br>FEE | OR                         | RATE<br>X\$18=                                 |                        |     |
| CLAIMS REMAINING AFTER AMENDMENT Total • 29 Independent • 4  | Highinume PREVIO PAID I   | EST BER PRESENT BUSLY FOR  ##################################  | RATE  | ADDI-<br>TIONAL<br>FEE | OR                         | X\$18=   | TIONAL<br>FEE          |     |
| CLAIMS   | Highinume PREVIO PAID I   | EST BER PRESENT BUSLY FOR  ##################################  | X\$ 9=<br>X42=                                  | ADDI-<br>TIONAL<br>FEE | OR                         | X\$18=<br>X84=                                 | TIONAL<br>FEE          | ,   |
| CLAIMS REMAINING AFTER AMENDMENT Total   | Minus   Minus | EST BER PRESENT EXTRA FOR    CLAIM   TO In column 3.   | X\$ 9=<br>X42=<br>+140=                         | ADDI-<br>TIONAL<br>FEE | • • •                      | X\$18=<br>X84=<br>+280=                        | TIONAL<br>FEE          |     |
| CLAIMS REMAINING AFTER AMENDMENT Total Total Total Total Total Total Total Independent Total Tot | HIGHINUME PREVIO PAID I Minus SEE SEE SEE SEE SEE SEE SEE SEE SEE SE  | EST BER PRESENT BUSLY FOR    CLAIM   O' in column 3. I less than 20, enter 20. I less than 3. enter 3.   | X\$ 9=<br>X42=<br>+140=                         | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR             | X\$18=<br>X84=<br>+280=<br>TOTAL<br>ADDIT. FEE | TIONAL<br>FEE          | ,   |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Total  Total  Total  FIRST PRESENTATION OF Mi  If the entry in column 1 is less than the mighest Number Previously Particular of the Highest Number Previousl | HIGHINUME PREVIO PAID I Minus SEE SEE SEE SEE SEE SEE SEE SEE SEE SE  | EST BER PRESENT EXTRA FOR   CLAIM   TO' in column 3. I less than 20, enter "20" I less than 3, enter "30" I less than 4, enter "40" I less than 4, e | X\$ 9=  X42=  +140=  ADDIT. Figure found in the | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR<br>x in col | X\$18=<br>X84=<br>+280=<br>TOTAL<br>ADDIT. FEE | TIONAL<br>FEE<br>18    | ,   |

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MAR 1 6 2005

Docket No.: 578962000122

(PATENT)

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Elliot A. GOTTFURCHT

Application No.: 10/646,066

Confirmation No.: 8436

Filed: August 21, 2003

Art Unit: 2174

For: METHOD TO GENERATE ADVERTISING REVENUE BASED ON TIME AND

LOCATION

Examiner: Ryan F. Pitaro

## THIRD PRELIMINARY AMENDMENT

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

### INTRODUCTORY COMMENTS

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

va-96970

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MAR 1 6 2005

Docket No.: 578962000122

(PATENT)

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va-96970

PTO/SB/17 (12-04/2)
Approved for use through 7/3 (2006, CMB 0651-0032
U.S. Patient and Trademan. Onlor U.S. DEPARTMENT OF COMMERCE
I to a collection of information unless 8 deviting a united PMIP

| Complete if Known  Complete if Known  Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4918). Application Number 10/845,056  |                 |  |  |  |  |  |  |  |  |
|--|-----------------|--|--|--|--|--|--|--|--|
| Fees pursuant to the Conscious Appropriations Act, 2000 (17.1 17.1)  |                 |  |  |  |  |  |  |  |  |
| FEE TO A NICA/ITTA! Filing Date August 21, 2003  |                 |  |  |  |  |  |  |  |  |
| FEE IRANSIVIII AL Sirel Named Inventor   Elliot A GOTTFURCHT   |                 |  |  |  |  |  |  |  |  |
| For FY 2005 Examiner Name Ryan F. Pilaro   |                 |  |  |  |  |  |  |  |  |
| Applicant claims smell entity status. See 37 GFR 1.27 Art Unit 2174  |                 |  |  |  |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 250.00 Attorney Docket No. 578962000122   |                 |  |  |  |  |  |  |  |  |
| TOTAL RAISONT OF FAMILIAN (C) SERVE  |                 |  |  |  |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apphy)   |                 |  |  |  |  |  |  |  |  |
| Check Credit Card Monoy Order None Other (please identify):  |                 |  |  |  |  |  |  |  |  |
| X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP  |                 |  |  |  |  |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                 |  |  |  |  |  |  |  |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                 |  |  |  |  |  |  |  |  |
| Conditions for a supplement of the Conditions of |                 |  |  |  |  |  |  |  |  |
| Jee(a) under 37 CFR 1.16 and 1.17  |                 |  |  |  |  |  |  |  |  |
| FEE CALCULATION  |                 |  |  |  |  |  |  |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES   | ı               |  |  |  |  |  |  |  |  |
| Small Entity Small Entity Small Entity   | 400             |  |  |  |  |  |  |  |  |
| Application Type Fee (5) Fee (6) Fee ( | <u> </u>        |  |  |  |  |  |  |  |  |
| Utility 300 150 500 250 200 100  |                 |  |  |  |  |  |  |  |  |
| Design 200 100 100 100 100 100   |                 |  |  |  |  |  |  |  |  |
| Plant 200 too 300  |                 |  |  |  |  |  |  |  |  |
| Reissue  |                 |  |  |  |  |  |  |  |  |
| Provisional 200 100 See  | nell Entity     |  |  |  |  |  |  |  |  |
| 2. EXCESS CLAIM FEES   | Foo (\$)        |  |  |  |  |  |  |  |  |
| Fee Description 50 Each claim over 20 (including Reissues)   | 25              |  |  |  |  |  |  |  |  |
| Each independent claim over 3 (including Reissues) 200   | 100             |  |  |  |  |  |  |  |  |
| Multiple dependent claims 360  | 180             |  |  |  |  |  |  |  |  |
| Total Claims   |                 |  |  |  |  |  |  |  |  |
| - 29 -26 - 1 x 50.00 - 50.00 Fee (5) Fee Paid (\$)   |                 |  |  |  |  |  |  |  |  |
| For the For the For Dold (\$)  |                 |  |  |  |  |  |  |  |  |
| Indep. Claims Extra Claims Fee (1) Fee Paid (1)  A 3 1 x 200.00 200.00   |                 |  |  |  |  |  |  |  |  |
| - ADDITION OF THE  | ,               |  |  |  |  |  |  |  |  |
| 1 (Compared to the second      |                 |  |  |  |  |  |  |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each acculorate 50  |                 |  |  |  |  |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee P  | ld (\$)         |  |  |  |  |  |  |  |  |
| Total Sheets Extra Sheets Rismber of each additional by of recommender at the fact of the  |                 |  |  |  |  |  |  |  |  |
| 4. OTHER FEE(S)  | <u>aid (\$)</u> |  |  |  |  |  |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                 |  |  |  |  |  |  |  |  |
| Other (e.g., late filing surcharge):   |                 |  |  |  |  |  |  |  |  |
| SUBMITTED BY   |                 |  |  |  |  |  |  |  |  |
| Signature Registration No. (703) 760   | -7739           |  |  |  |  |  |  |  |  |
| Name (Print/Type) James M. Denage Date March 16.   | 2005            |  |  |  |  |  |  |  |  |